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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 4312

<b>SERIAL NUMBER</b> 10/730,695	<b>FILING OR 371(c) DATE</b> 12/08/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 354458001US2
<b>APPLICANTS</b> Patricia Arand, McMinnville, OR; Yoram Ariel, Portland, OR; Marco Dalla Gasperina, Vancouver, WA; Robert Warner, Tigard, OR;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/389,282 03/14/2003 ABN which claims benefit of 60/373,799 04/19/2002 and claims benefit of 60/364,770 03/14/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/09/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 43
				<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 23855				
<b>TITLE</b> Method and system for detection of left ventricular hypertrophy				
<b>FILING FEE RECEIVED</b> 721	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	